Case Report

Anorexia Nervosa: a multidimensional perspective warranting a multidisciplinary approach

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ABSTRACT

The most severe eating disorder, anorexia nervosa has a protracted illness course and the greatest fatality rate among any psychiatric disorders. It is distinguished by restrictive food intake followed by a significant weight loss, which can lead to cachexia and other related medical effects. For sufferers, their families, and society, anorexia nervosa is associated with substantial personal and monetary expenses. Here is a case of anorexia nervosa that was managed through a multidisciplinary approach.

Key words: Eating Disorder, Anorexia Nervosa, Food restriction, Weight loss.

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INTRODUCTION

Anorexia Nervosa is a complex psychiatric eating disorder characterized by restriction of food intake along with intense fear of gaining weight. It can be of a restrictive type wherein there is a restriction in the total amount of food consumed or a binge-purge type in which there are episodes of binge eating followed by episodes of purging. Anorexia Nervosa has numerous complications concerning broad specialties such as Gastroenterology, General medicine, and Endocrinology which warrant a comprehensive multidisciplinary approach [1].

CASE REPORT

A 16-year-old Marathi speaking Hindu child, studying in 9th-grade residing at Sangli presented with chief complaints of reduced appetite, episodes of purging food after eating, weight loss since 1 year with complaints of reduced appetite and would shortly have episodes of purging behaviour in the form of drinking excessive amounts of water, inducing vomiting by putting her fingers in her throat and compressing her abdomen soon after feeding and weight loss since one year. She had lost over 26kgs of weight in the last year since the onset of illness. On asking the patient would express that her weight was adequate. Family members also give an account of their relatives being critical of the patient's weight gain and appearance which worried the patient. She also had withdrawn behaviour, a lack of interest in things she previously enjoyed, and disturbed sleep.

The patient was admitted to the psychiatric ward and started on intravenous fluids and psychotropic medications for behavioural control. During her stay patient had low blood pressure and deranged electrolytes which were corrected. Patients purging behaviour was controlled. However, she continued to have vomiting, hence a Ryles tube was inserted, the dietician department was consulted, and tube feed was initiated to overcome reflex vomiting. Despite the above, she continued to have spontaneous non induced vomiting and her blood reports showed falling haemoglobin levels. A stool occult blood was ordered after consulting Gastroenterology.

The patient continued to lose weight, despite improvement in appetite and reduction in purging. She was then shifted to ICU and was diagnosed with chronic Malabsorption and was started on Total Parenteral Nutrition and was managed in a multidisciplinary approach including Psychiatry, Dietitian, General medicine, Gastro medicine, Endocrinology, and Surgery.

Ultimately the patient was managed through ICU admission, intravenous fluids, dietary management, Management of reflex purging by Ryles's tube insertion and gradual feeding, Olanzapine 20mg, Mirtazapine 7.5mg, Naltrexone 25mg, Fluconazole, H. Pylori antibiotics, Total Parenteral Nutrition.

She had developed multiple episodes of hyponatremia and her blood pressure had to be managed through intravenous fluids. The patient also had falling haemoglobin levels The patient also had panhypopituitarism thereby causing disruption of all major hormone levels namely elevated cortisol, low TSH, deranged FSH &LH which also caused a menstrual disturbance in the form of amenorrhea past 6 months. The patient had undergone severe malnutrition and her BMI stood at 16.1.

An ultrasonography of her abdomen revealed cholelithiasis, largest size 6.2 mm. Pelvis was normal. MRI findings-micronodular non-functional pituitary adenoma. On gastroscopy, pangastritis with oesophageal candidiasis and H Pylori Infection was noted.

DISCUSSION

Anorexia Nervosa is a complex illness that requires a multidisciplinary approach because of the numerous medical morbidities. Treatment of Anorexia involves the management of the eating disorder as well as the coexisting and possibly perpetuating medical comorbidities associated with the illness [2]. The added aetiology of chronic malabsorption, pangastritis with H. Pylori infection, and malnutrition has complicated the presentation and management and requires a multidisciplinary approach [3].

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